

# Pre-Proposal Community Presentation of the Request for Proposal for Medicaid and DC Health Care Safety Net/Alliance Managed Care Program Services

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# Introductions

- Mr. James Marshall, Contracting Officer, D.C. Office of Contracting and Procurement
- Dr. Greg Pane, Director, D.C. Department of Health
- Mr. Robert Maruca, Director, Medical Assistance Administration, D.C. Department of Health



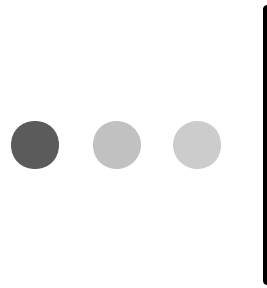
# Overview of RFP Format

- **Section A: Cover Page**
- **Section B: Supplies or Service and Price/Cost**
- **Section C: Scope of Work**
- **Section D: Packaging and Marking**
- **Section E: Inspection and Acceptance**
- **Section F: Period of Performance and Deliverables**
- **Section G: Contract Administration Data**
- **Section H: Special Contract Requirements**



# Overview of RFP Format

- Section I: Standard Contract Clauses
- Section J: Attachments
  - Standard Forms and Certifications
  - Attachments throughout the rest of RFP
- Section K: Representations and Certifications
- Section L: Instructions, Conditions and Notices to Offerors
- Section M: Evaluation Factors for Award



## Section B Supplies or Services and Cost/Price

- RFP seeks bidders for Medicaid managed care D.C. Healthy Families Program (DCHFP) and the D.C. Health Care Safety Net Program (i.e., the Alliance)
- No fewer than 2 but not more than 4 contracts awarded

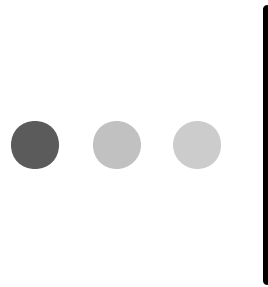


## Section C.1 Scope and Section C.2 Background

- Scope
- Applicable Laws & Documents
- Additional Reference Material  
(Section J)
- Definitions
- Acronyms
- Background

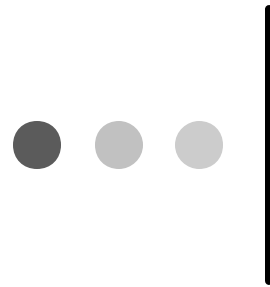
## ● ● ● | Section C.3 Basic Organizational and Structural Requirements

- Minimum Requirements
- Authority to Operate
- Ineligible Organizations
- Accuracy of Information Submitted
- NCQA Accreditation
- Organizational Structure
  - **Identifies Required Positions**
  - **Identifies positions that must be located in D.C.**
- Business Place and Hours of Operations
- Advisory Committees



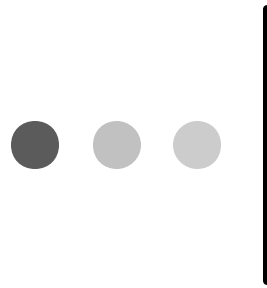
## Section C.4 Language Access and Cultural Competency

- Cultural Competency
- Written Materials and Language Access Requirements
- Oral Interpretation Services
- Performance Measurement Requirements



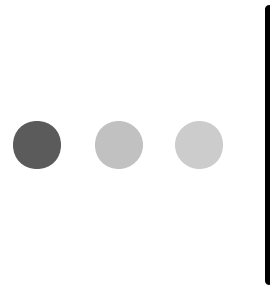
## Section C.5 Marketing

- Prior Approval of All Marketing
- Permissible & Prohibited Marketing Activities
- Content of Marketing Materials
- Marketing Locations & Practices



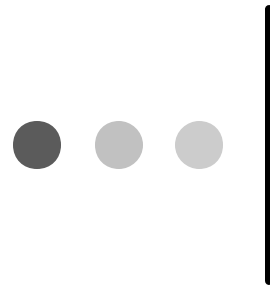
## Section C.6 Enrollment, Education & Outreach

- Eligibility for Enrollment/Enrollment Process
- Enrollee Handbook
- Enrollee Rights
- Selection of PCP
- EPDST Outreach
- Disenrollment



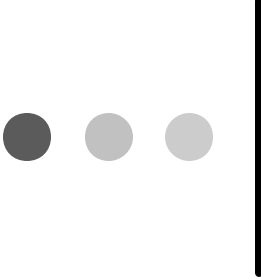
## Section C.7 Enrollee Services

- Staffing Requirements
- New Enrollee Orientation
- Enrollee Assistance



## Section C.8 Coverage

- Introduction to Coverage Terms (C.8.1)
- Covered Services for Medicaid Enrollees (C.8.2)
- Covered Services for Alliance Enrollees (C.8.3)
- Health Education (C.8.4)
- Use of Practice Guidelines (C.8.5)
- Coverage Disputes (C.8.6)
- Performance Reporting (C.8.7)



## Covered Services for Medicaid Enrollees (C.8.2)

- Compliance with Federal requirements
  - **Amount, duration and scope (42 CFR 438.210)**
  - **Co-extensive with FFS**
  - **Promote achievement of District's health goals**
  - **Utilizes a series of exhibits to define coverage terms**
- Defines the term “Medically Necessary” (C.8.2.5)
- Defines Excluded Services (C.8.2.6)
- Defines coverage for EPSDT services (C.8.2.7)
- Defines covered mental health services (C.8.2.8)
- Special rules for school-age children (C.8.2.9)



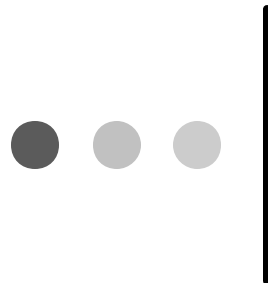
## Covered Services for Adult Medicaid Enrollees (C.8.2)

- Physician services
- Lab and x-ray
- Inpatient and Outpatient Hospital services
- Prescription drugs
- Emergency services
- FQHC services
- Family Planning services
- Pregnancy-related services
- Nurse midwife and Nurse practitioner services
- Podiatrist services
- Physical and occupational therapy services
- Prosthetic devices



## Covered Services for Adult Medicaid Enrollees (C.8.2)

- Eyeglasses
- TB-related services
- Home health services
- Private duty nursing
- Personal care services
- Nursing facility services
- Hospice Care
- Transportation services
- Adult wellness services in accordance with USPTF
- One primary care visit annually



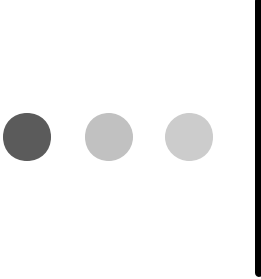
# EPSDT Services (Ex. C.8.2-2)

- Screening and Assessment Services
  - **Periodic assessments, dental, vision and hearing screens**
  - **Incorporates periodicity schedule**
  - **Within 60 days of enrollment**
- Incorporates Medical Necessity Definition
- Diagnostic and Treatment Services
  - **Section 1905(a) services**
  - **All adult services**
  - **Dental, vision, and hearing**
  - **Case management**
  - **Skilled nursing facilities**
  - **In patient for Boarder Babies**
- Informing, scheduling and transportation



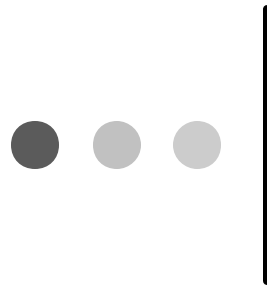
## Covered Mental Health and Drug Abuse Services (Ex. C.8.2-3)

- Diagnostic and Assessment services
- Physician and mid-level provider visits, including:
  - **Individual therapy**
  - **Group therapy**
  - **Family therapy**
  - **FQHC visits**
  - **Crisis services**
- Partial Hospitalization
- Inpatient Hospitalization and ER crisis services
- Intensive Outpatient Hospitalization services
- Case Management
- Pregnancy Related services
- Inpatient Psychiatric facility for under 21
- Institutions for mental diseases for 65 and over



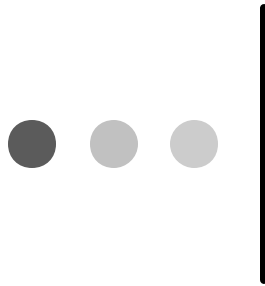
## Covered Services for Alliance Enrollees (C.8.3)

- Primary and specialty physician services
- Inpatient and outpatient hospital services
- Lab and x-ray
- Adult wellness services
- Pregnancy Care
- Early and preventive services for children under age 21
- Urgent care
- Screening and stabilization for Emergency Medical Conditions
- Outpatient prescription drugs



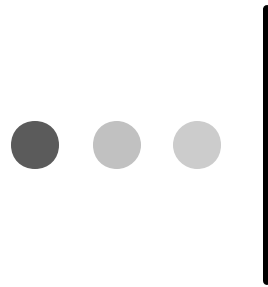
## Covered Services for Alliance Enrollees (C.8.3)

- Rehabilitation services
- Home Health services
- Adult dental services
- Emergency transportation services
- Physical, occupational, and speech therapy
- At least one (1) primary care visit annually



## Section C.9 Provider Network and Access Requirements

- **Incorporates Federal standards (42 CFR 438.207-210)**
- **Network Composition (C.9.2)**
  - **Adequate to provide services, including quarterly documentation of adequacy**
- **Requires accurate Provider Directory, including current electronic version**
- **Includes a list of required providers**
  - **PCPs**
  - **Specialists**
  - **Hospitals**
  - **Dentists**
  - **Labs**
  - **Pharmacies**
  - **Mental Health/Substance Abuse**
  - **FQHCs and safety-net clinics**
  - **Women's health**
  - **ICC**
  - **IDEA Service Providers**



## Section C.9.3 Access to Covered Services

- Hours of Operation
- Travel Time: Primary Care
- Travel Time: Specialty Care
- Appointment Times for Services
  - Scheduling
  - Waiting
- Second Opinions
- Choice of Health Professional



## Section C.9.4 Provider Network Management

- Standards to Ensure Access
- Provider Credentialing
- Provider Contracts
- Provider Training
- Provider Manual
- Coordination with PCPs
- Provider Relations Department



## Section C.10 Utilization Management and Care Coordination

- Incorporation of Federal requirements
- Utilization Management (C.10.2)
  - Medical Necessity Criteria
  - Utilization Review Program
  - Authorization Decisions
    - **Time Frames**
    - **Second Opinions**
    - **Denials**



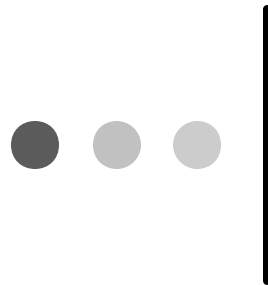
## Section C.10.3 Care Coordination

- Treatment Planning
- Care Coordination System
- Care Coordinators
- Management of High Cost/High Risk Cases
- Transitional Services
- Coordination with Other systems
- Court Orders
- Communication with other DC agencies
- Coordination of IDEA Services
- Coordination with Mental Health/Substance Abuse Services
- MOUs
- Advance Directives



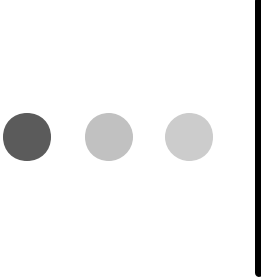
## Section C.11 Financial Functions

- Financial Management and Operations
- Claims Payment
- Timely Processing of Claims
- Payment Resolution Process
- Enrollees Held Harmless
- Fraud, Waste and Abuse and Compliance Program Requirements



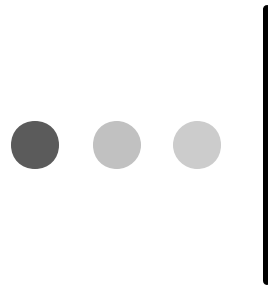
## Section C.12 Management Information Systems

- Electronic submission of information
- Valid, accurate, consistent data
- Sufficient to fulfill financial and reporting requirements
- Incorporates MCO Instruction Manual (Section J)
- EPSDT Tracking system



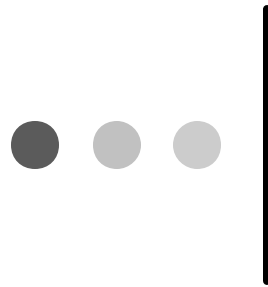
## Section C.13 Continuous Quality Improvement

- Incorporates Federal requirements
- Incorporates D.C. CQI Plan (Section J) and principles
- Incorporates DOH health care initiatives
- CQI Program (C.13.2)
- CQI Plan (C.13.3)
- CQI Committee (C.13.4)
- Staff Capabilities (C.13.5)
- Record Reviews (C.13.6)
- HEDIS® and CAHPS® Performance Measures



## Section C.13 Continuous Quality Improvement

- Provider Satisfaction
- Provider Performance
- Performance-Based Incentive System
- Clinical Initiatives
- Critical Incidents and Sentinel Events
- Cooperation with EQRO
- Auditing and Monitoring
- Corrective Action



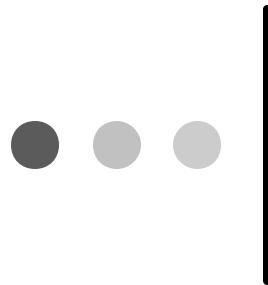
## Section C.14 Grievances & Appeals

- Notice of Action
- Grievance & Appeal Procedures
- Continuation of Benefits
- Expedited Resolution of Appeals
- Fair Hearings
- Reporting Requirements



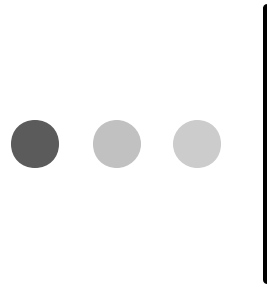
## Section C.15 Implementation Plan

- Implementation Plan required
- Implementation budget with sufficient resources required
- Implementation planning group
- List of documents that must be submitted in Section F
- Cooperation with Readiness Reviews



## Section C.16 Reporting Requirements

- Electronic encounter and pharmacy data
- Performance Measures
- Reportable Health Conditions
- DISB
- Confidential Information
- Initial Performance-Based Measures
- Reporting Requirements Table



## Sections D and E

- Section D: Packaging and Marketing  
Includes a cross-cite to Standard Contract Provisions
- Section E: Inspection and Acceptance
  - Cross-cite to Standard Contract Provisions
  - Right to Enter Promises
  - Monitoring Performance
  - Auditing and Monitoring



## Section E.5 Performance-Based Incentive System

- Additional information in Attachment J.19 (Performance Based Incentive Algorithm)
- Performance Evaluation
- Timely Submission of Performance Data
- Capitation Withhold
- Auto Enrollment Methodology



## Section F: Period of Performance or Deliverables

- Term of Contract and Options
- Timing of Deliverables
- Deliverables- Submission and Acceptance
- Deliverables
  - Submission Method and copies
  - Table (F.5)



## Section G Contract Administration Data

- Payment (G.1)
- Fines (G.2)
- Sanctions (G.3)
- Liquidated Damages (G.4)
- Authority of Contracting Officer (G.5)
- Contracting Officer Technical Representative (COTR)(G.6)
- Ordering Clause (G.7)



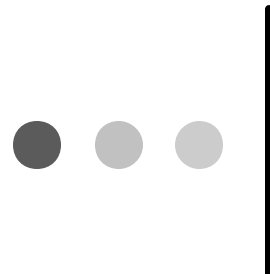
# Section H Special Contract Requirements

- MAA Roles and Responsibilities (H.1)
- Recipients Held Harmless (H.2)
- General Subcontracting Requirements (H.3)
- Physician Incentive Program (H.4)
- Financial Requirements (H.5)
- Conflict of Interest (H.6)
- Financial Disclosure (H.7)
- Records Retention (H.8)
- Confidentiality of Information (H.9)
- Wage Rates (H.10)
- Hiring of District Residents (H.11)
- Debarment and Suspension (H.12)
- Security Requirements (H.13)
- Key Personnel (H.14)
- Additional standard provisions (H.15-H.25)



## Sections I, J, and K

- Section I Standard Terms and Conditions
- Section J Attachment
- Section K Representations and Certifications



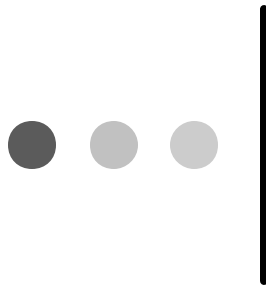
## Section L Instructions, Conditions, and Notices to Offerors

- Contract Award (L.1)
- General Proposal Submissions (L.2)
- Proposal Content (L.3)
- Proposal Submission Information and Standard Provisions (L.4-L.19)
- Standards of Responsibility (L.20)
- Key Personnel (L.23)



## Section M Evaluation Factors for Award

- Evaluation for Award (M.1)
- Technical Rating Scale (M.2)
- Evaluation Standards (M.3)
- Evaluation Criteria (M.4)
- Evaluation of Option Years (M.5)
- Open Market Clauses (M.6)



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